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CONFIRMATION NO. 6933

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/727,363		604	3767	P01445US3

APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/528,612 03/20/2000 ABN
 which is a CIP of 09/070,829 04/30/1998 PAT 6,077,244
 which claims benefit of 60/065,347 11/12/1997

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(*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/05/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and /ELIZABETH MACNEILL/ Acknowledged	Examiner's Signature	Initials	CA	16	19	4

ADDRESS

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TITLE

Catheter insertion device with retractable needle

FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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